



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA LOCAL 341

2501 Commercial Drive, Anchorage, AK 99501
Phone (907) 341-0341 Fax (907) 341-0342
www.local341.com



READ THIS CAREFULLY!!!!

**APPLICATIONS ARE ACCEPTED BETWEEN
10:00 a.m. AND 11:00 a.m. ONLY**

If you are seeking membership into Laborers' Local 341, please be aware that upon acceptance of this application and receipt of \$38.00 you will be placed on either the "D" out-of-work list or the "E" out-of-work list. "D" list registrants are those who have proven their Alaskan residency as required on the application attached. "E" list registrants are those who are not 12-month Alaskan residents.

All jobs dispatched out of Local 341 are dispatched at the Union Hall at 9:00 a.m. each morning, Monday through Saturday. You **must attend** the job calls if you wish to find a job. **WE DO NOT CALL YOU.**

You must pay the \$38.00 hiring hall fee each month in order to remain on the list.

We have five out-of-work lists and you have approximately 500 people above you who have the first opportunity at any job that goes out of the Union Hall.

Once you take a dispatch, you must then pay an initiation fee of \$514.00. At that time, you become a full member and must pay \$39 per month to remain in good standing.

**APPLICATIONS ARE
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10:00a AND 11:00a
Monday – Friday**

JOEY MERRICK
BUSINESS MANAGER
SECRETARY-TREASURER

LARRY MOONEY
PRESIDENT

PETE DAHL
BUSINESS AGENT

SERGIO ACUÑA
BUSINESS AGENT

BRANDON CALCATERRA
BUSINESS AGENT

WES CANFIELD
BUSINESS AGENT

LYNDA MCCARTY, RN
HEALTHCARE
REPRESENTATIVE



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NAME _____ SOCIAL SECURITY _____

CIRCLE THE NUMBER THAT APPLIES TO YOU: TRUST CODES

MALE

CAUCASIAN	1
ALASKA NATIVE	2
BLACK	3
SPANISH AMERICAN	4
AMERICAN INDIAN	5
OTHER	6
ORIENTAL	7

FEMALES

CAUCASIAN	10
ALASKA NATIVE	20
BLACK	30
SPANISH AMERICAN	40
AMERICAN INDIAN	50
OTHER	60
ORIENTAL	70

What is your Native Corporation?

What is your Native Corporation?

MALES

Chugach	80
Ahtna	81
Nana	82
Arctic Slope Regional	83
CIRI	84
Aleut	85
Calista	86
Bering Straits	87
Bristol Bay	88
Koniag	89
CookInlet	90
Doyon	91
Sealaska	92
Other _____	93

FEMALES

Chugach	100
Ahtna	101
Nana	102
Arctic Slope Regional	103
CIRI	104
Aleut	105
Calista	106
Bering Straits	107
Bristol Bay	108
Koniag	109
CookInlet	110
Doyon	111
Sealaska	112
Other _____	113

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REPRESENTATIVE

Name: _____

Social Security: _____

Please check all the skills that you have with experience. Be sure to bring in copies of your certifications / licenses for your file.

***Requires Current Certification – Include expiration date**

<u>Skill</u>	<u>Expires</u>	<u>Skill</u>	<u>Expires</u>	<u>Skill</u>	<u>Expires</u>
<input type="checkbox"/> AK. Native		<input type="checkbox"/> Foreman Powderman		<input type="checkbox"/> Pneumatic Tool	
<input type="checkbox"/> Apprentice		<input type="checkbox"/> Forklift		<input type="checkbox"/> Powderman Drill	
<input type="checkbox"/> Asbestos*	_____	<input type="checkbox"/> Forklift Safety		<input type="checkbox"/> Powderman Helper	
<input type="checkbox"/> Asphalt Raker		<input type="checkbox"/> Form builder		<input type="checkbox"/> Powderman*	_____
<input type="checkbox"/> Asphalt		<input type="checkbox"/> Fuel Distributor		<input type="checkbox"/> Prepping	
<input type="checkbox"/> Blueprint Reading		<input type="checkbox"/> General Labor		<input type="checkbox"/> Pre-Stress	
<input type="checkbox"/> Burning Torch		<input type="checkbox"/> Graderman		<input type="checkbox"/> Pros (oil spill)	
<input type="checkbox"/> CDL A		<input type="checkbox"/> Grout pump		<input type="checkbox"/> Rebar	
<input type="checkbox"/> CDL B		<input type="checkbox"/> Guardrail Layout		<input type="checkbox"/> Rigger	
<input type="checkbox"/> CESL		<input type="checkbox"/> Guardrail		<input type="checkbox"/> Sack&Patch	
<input type="checkbox"/> Cement Finisher		<input type="checkbox"/> Gunnite Operator		<input type="checkbox"/> Sandblaster	
<input type="checkbox"/> Chainsaw Filer		<input type="checkbox"/> Hazardous Waste*	_____	<input type="checkbox"/> Scaffold Safety	
<input type="checkbox"/> Chainsaw Oper.		<input type="checkbox"/> Hazwoper*	_____	<input type="checkbox"/> Scaffold Erecting	
<input type="checkbox"/> Chuck tender		<input type="checkbox"/> High Scaler		<input type="checkbox"/> Screener	
<input type="checkbox"/> Concrete Power		<input type="checkbox"/> Hodi		<input type="checkbox"/> Sheet metal	
<input type="checkbox"/> Concrete Specialist		<input type="checkbox"/> Industrial Coat*	_____	<input type="checkbox"/> Sheetrock Stocker	
<input type="checkbox"/> Concrete Vibrator		<input type="checkbox"/> Instructor		<input type="checkbox"/> Six Pak	
<input type="checkbox"/> Concrete		<input type="checkbox"/> Insulator		<input type="checkbox"/> Stakehop	
<input type="checkbox"/> Confined Space*	_____	<input type="checkbox"/> Jack Hammer		<input type="checkbox"/> Steward	
<input type="checkbox"/> Crusher Laborer*	_____	<input type="checkbox"/> Landscaper		<input type="checkbox"/> Strip Layout	
<input type="checkbox"/> Cutting Torch		<input type="checkbox"/> Laser Instrument		<input type="checkbox"/> Thermal Plastic	
<input type="checkbox"/> Driller Helper		<input type="checkbox"/> Lead Abatement*	_____	<input type="checkbox"/> Timber Faller	
<input type="checkbox"/> Driller Powder		<input type="checkbox"/> Mason Tender		<input type="checkbox"/> Traffic Control*	_____
<input type="checkbox"/> Driller		<input type="checkbox"/> Metal Fabrication		<input type="checkbox"/> Traffic Super.*	_____
<input type="checkbox"/> Dump Person		<input type="checkbox"/> Miner Powderman*	_____	<input type="checkbox"/> Training Super.	
<input type="checkbox"/> Epoxy Spray		<input type="checkbox"/> Miner		<input type="checkbox"/> Trains	
<input type="checkbox"/> Explosives*	_____	<input type="checkbox"/> Monaco Pump		<input type="checkbox"/> Tunnel	
<input type="checkbox"/> Fence Install		<input type="checkbox"/> MSHA		<input type="checkbox"/> TWIC Card	
<input type="checkbox"/> Fireproofing		<input type="checkbox"/> Nozzle man		<input type="checkbox"/> UST*	_____
<input type="checkbox"/> First Aid/CPR*	_____	<input type="checkbox"/> Oilspill		<input type="checkbox"/> Welder	
<input type="checkbox"/> Floor Prep		<input type="checkbox"/> Painter-Pipe*	_____	<input type="checkbox"/> Welder-Arc	
<input type="checkbox"/> Foreman Driller		<input type="checkbox"/> Pioneer Driller		<input type="checkbox"/> Welder-Cad	
<input type="checkbox"/> Foreman General		<input type="checkbox"/> Pipe Fusion*	_____	<input type="checkbox"/> Yard Laborer	
<input type="checkbox"/> Foreman Hodi		<input type="checkbox"/> Pipe Insulation			
<input type="checkbox"/> Foreman Labor		<input type="checkbox"/> Pipelayer			
<input type="checkbox"/> Foreman Pipe		<input type="checkbox"/> Plaster			

Signature _____

Date _____